Voter number: <u>////</u>

About the voting experi	<u>ience</u>			
1. Do you feel the But Assest 2. Do you feel the Except Co 3. How confident a	Vote-PAD would allo Vote-PAD would allo wre you that your vote	wed you to vo wed you to vo was accurately	te privately? **Track Specific te independently? v recorded	Yes No
Very Confident	Somewhat Confident	Neutral	Somewhat Concerned	Very Concerned (Not at all confident)
4. How easy or diff	ficult was it to vote wi	th the Vote-Pa	AD	
Very Easy	Somewhat Easy	Neutral	Somewhat Difficult	Very Difficult
5. Have you voted If "yes",	on other accessible vo	ting equipmer	nt? YesN	o .
In genera ease-of-u	ll, how would you rate ise?	the Vote-PAI	D against the other eq	uipment in terms of
Much Easier	Somewhat Easier	About the Same	Somewhat More Difficult	Much More Difficult
Futher Machine, Sloot. h	u would like to share in shuctions or The Slot has loud have setwan the	about your exp how s is suf been	perience voting with the place be blicined space more private	he Vote-PAD? Ballot in far the for with

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Orthoppedic Sith. Heaving. Heaving.

8.	What age group are you in?
	$\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$
	25 - 35 yrs of age
	35 - 45 yrs of age
	45 - 55 yrs of age
	$\phantom{00000000000000000000000000000000000$
	over 65 yrs of age
9.	Are you a member of any advocacy groups?YesNo If so, which groups?
10	. How did you hear of this test?

•

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EXIT S	JRVEY	1001		Voter num	ber: <u>/ 0 2</u>
About the	oting experie	n <u>ce</u>			
1. Do	you feel the V	ote-PAD would all	lowed you to vote	privately?	YesNo
2. Do	you feel the V	ote-PAD would all	lowed you to vote	independently? _	Yes/No
3. Hov	v confident ar	e you that your vote	e was accurately:	recorded	
Ve	ry Confident	Somewhat Confident	Neutral	Somewhat Concerned	Very Concerned (Not at all confident)
4. Hov	v easy or diffi	cult was it to vote v	with the Vote-PA	D	
1	/ery Easy	Somewhat Easy	Neutral	Somewhat Difficult	Very Difficult
5. Hav If ";	e you voted o	n other accessible v	oting equipment	?No	
	In general, ease-of-us		te the Vote-PAD	against the other equ	ipment in terms of
М	uch Easier	Somewhat Easier	About the Same	Somewhat More (I Difficult	Much More Difficult

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

Very uncacesible for some one who can't hold a pen

Quadronolgic 15yes.

8. What a	ge group are you in?
	$\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$
	25 - 35 yrs of age
	35 - 45 yrs of age
	45 - 55 yrs of age
	55-65 yrs of age
	over 65 yrs of age
9. Are you	a member of any advocacy groups?YesNo If so, which groups?
10. How di	d you hear of this test?

.

..

Voter number:	103

About the voting experience

- 1. Do you feel the Vote-PAD would allowed you to vote privately? Yes _____ No
- 2. Do you feel the Vote-PAD would allowed you to vote independently? Yes No
- 3. How confident are you that your vote was accurately recorded

Very Confident Somewhat Confident Neutral Somewhat Concerned (Not at all confident)

BECAUSE TAPE WOULD ALLOW
D BALLOT TO SUDE

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy Somewhat Easy Neutral Somewhat Difficult Very Difficult

5. Have you voted on other accessible voting equipment? __XYes ____No If "yes",

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier Somewhat Easier

About the Same

Somewhat More Difficult

Much More Difficult

- 6. Any thoughts you would like to share about your experience voting with the Vote-PAD?
- MOVEMENT OF BALLOT
- INSTRUCTIONS WELL CONFUSING ON THE TAPE A LOT OF INFORMATION.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

PARAPPREGIC FOR 15 YES.

8.	What age group are you in?
	$_{}$ 18 – 25 yrs of age
	25 - 35 yrs of age
	35 - 45 yrs of age
	45 - 55 yrs of age
	$\underline{}$ 55 – 65 yrs of age
	over 65 yrs of age
9.	Are you a member of any advocacy groups? Y YesNo If so, which groups? FREE CENTER FOR INDEFENDANT LIVING SYSTEM CHANGE NETWORK
10	How did you hear of this test?

.

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<u>About</u>	the voting exper	<u>rience</u>				
1.	Do you feel the	Vote-PAD would all	owed you to ve	ote privately?	Yes	✓_ No
2.	Do you feel the	Vote-PAD would all	owed you to ve	ote independently?	Yes	✓ No
3.	How confident	are you that your vote	e was accurate	y recorded		
	Very Confident	Somewhat Confident	Neutral	Somewhat Concerne	d Very Conc (Not at all c	
4.	How easy or di	fficult was it to vote v	vith the Vote-F	PAD		
	Very Easy	Somewhat Easy	Neutral	Somewhat Difficult	Very Diffi	icult
5.		on other accessible v	oting equipme	ent? Yes	No	
	In gener ease-of-	ral, how would you ra use?	te the Vote-PA	D against the other of	equipment in	terms of
	Much Easier	Somewhat Easier	About the Same	e Somewhat More Difficult	Much More	Difficult

Voter number: _______

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Legally blind -lifelong

8.	What age group are you in?
	$_{}$ 18 – 25 yrs of age
	25 - 35 yrs of age
	35 - 45 yrs of age
	45 - 55 yrs of age
	$\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$
	over 65 yrs of age
9.	Are you a member of any advocacy groups? Yes No If so, which groups? Staff with IREED Center for Anderpendent Living
10.	How did you hear of this test? Systems Change advocate @ Center

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EXIT SURVE	Υ		Voter nu	ımber: <u>/ (</u>	<u> </u>
About the voting ex	<u>perience</u>			/	
1. Do you feel	the Vote-PAD would allo	wed you to ve	ote privately?	Yyes _	No
2. Do you feel	the Vote-PAD would allo	wed you to ve	ote independently?	VYes _	No
3. How confide	nt are you that your vote	was accurate	y recorded		
Very Confider	nt) Somewhat Confident	Neutral	Somewhat Concerne	ed Very Concern (Not at all cont	
4. How easy or	difficult was it to vote wi	th the Vote-P	AD		
Very Easy	Somewhat Easy	Neutral	Somewhat Difficult	Very Difficul	t
5. Have you vo If "yes",	ted on other accessible vo	oting equipme	ent?Yes	No	
	neral, how would you rate of-use?	the Vote-PA	D against the other	equipment in te	rms of
Much Easier	Somewhat Easier	About the Same	Somewhat More Difficult	Much More Diff	īcult
6. Any thought:	s you would like to share :	about your ex	sperience voting with	n the Vote-PAD	7
Tho V	\sim 1	was a		Λ	magen
that i	t would			s wit	h O
morri.	extreme	hand	impai	ment	5 very
111000 -	The voting	y wa	o-extre	mly	Contid
and I	The voting	ent.		J	
About you, the test p					
•	ou to identify your disabili	• , ,			•
al ha	ve had c	elebra	N palsy	sur	<u>"</u> l
1/2 1	jeans old	, for	- 14 4	lais-	Λ,
It	effects m	y at	olity ,	to wa	UC.
and n	years old effects m	arm	2'		

8. What age group are you in?
18-25 yrs of age
25 - 35 yrs of age
35 - 45 yrs of age
45 - 55 yrs of age
55 - 65 yrs of age
over 65 yrs of age
9. Are you a member of any advocacy groups? Ves No If so, which groups?
Egral Aces Team and a member of the Independent Living Centers. Also 10. How did you hear of this test? a member of Mobility
Carrier of the contract of the contract of
If Magenden Living Centers. Also
a member of water the
10. How did you hear of this test?
ludeshation
Control of the second of the s
trom ma place of about
d la a de
FREED Center for Independent
Theory will to.
·
Lung
·)

Voter number: <u>10 b</u>

<u>About</u>	the	voting	expe	<u>rience</u>
	Б		T	37 .

1. Do you feel the Vote-PAD would allowed you to vote privately?

_Yes _ No

2. Do you feel the Vote-PAD would allowed you to vote independently?

Yes N

3. How confident are you that your vote was accurately recorded

Very Confident

Somewhat Confident

Neutral

Somewhat Concerned

Very Concerned (Not at all confident)

4. How easy or difficult was it to vote with the Vote-PAD

Very Easy

Somewhat Easy

Neutral

Somewhat Difficult

Very Difficult

5. Have you voted on other accessible voting equipment? _____Yes _____No If "yes", AutoMan

In general, how would you rate the Vote-PAD against the other equipment in terms of ease-of-use?

Much Easier

Somewhat Easier

About the Same

Somewhat More

Much More Difficult

6. Any thoughts you would like to share about your experience voting with the Vote-PAD?

My Hand is wastrock

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Thjurd of Birth

8.	What age group are you in?
	$\underline{\hspace{1cm}}$ 18 – 25 yrs of age
	25 - 35 yrs of age
	35 - 45 yrs of age
	45 - 55 yrs of age
	55 - 65 yrs of age
	over 65 yrs of age
9.	Are you a member of any advocacy groups?YesNo If so, which groups?
10	. How did you hear of this test?

EXIT	SURVEY			Voter nu	mber: <u>jo フ</u>
<u>About</u>	the voting exper	<u>ience</u>			
1.	Do you feel the	Vote-PAD would al	lowed you to vo	te privately?	
2.	Do you feel the	Vote-PAD would al	lowed you to vo	te independently?	VYes No
3.	How confident a	re you that your vot	e was accurately	recorded	
	Very Confident	Somewhat Confident	Neutral	Somewhat Concerned	Very Concerned (Not at all confident)
4.	How easy or diff	ficult was it to vote	with the Vote-PA	AD	
	Very Easy	Somewhat Easy	Neutral	Somewhat Difficult	Very Difficult
5.	Have you voted If "yes",	on other accessible	voting equipmer	nt?YesV	io
	In genera ease-of-u		ate the Vote-PAI	O against the other eq	quipment in terms of
	Much Easier	Somewhat Easier	About the Same	Somewhat More Difficult	Much More Difficult
6.	Little more		epleration. E	perience voting with t みんれんしい しょる	

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability? 2 Syrs Paralplegic

8.	What age group are you in?
	18-25 yrs of age
	25 - 35 yrs of age
	35 - 45 yrs of age
	45 - 55 yrs of age
	$\frac{2}{2}$ 55 - 65 yrs of age
	over 65 yrs of age
9.	Are you a member of any advocacy groups?YesNo If so, which groups?
10	. How did you hear of this test?

Vote-PAD	Certification JRVEY	Test Danka	146.	Voter nur	mber: <u>/ 0</u> 8
About the ve	oting experie	nce			
 Do y Do y 	ou feel the V Lug ex ou feel the V	ote-PAD would allo cachy what I ote-PAD would allo	wed you to vot Vo ful 490- wed you to vot	e privately?	YesNo
3. How	confident ar	e you that your vote	was accurately	recorded	
Verg	y Confident	Somewhat Confident	Neutral	Somewhat Concerned	(Not at all confident)
4. How	easy or diffi	cult was it to vote wi	ith the Vote-PA	AD	
V	ery Easy	Somewhat Easy	Neutral	Somewhat Difficult	Very Difficult
5. Have If "y	es", Demo	, how would you rate	Auto Mente	HART, Deboli	System. Avente, Sequer
Mu	ıch Easier	Somewhat Easier	About the Same	Somewhat More Difficult	Much More Difficult
Do No, Ao, on the con s and t Toucile About you,	mid knon Easy ve Mildle istency tactile a Spacing Douice the test partie	entiration Me Row. Fo Writer in bility espec Close them Not a C	I Port whod a concept (Templet; ialls Ser a verage (he as	know that The Templas Changed. A Changed. A Consist Plates was a Plates braile Nos to the bar	I had Cortrol by . was contini lad More extremse Concentra fics t a Standard Mot.
to Endo	f Voting	Ventration	, `		

Handand format for Blied is a beep between Contests ie 2 beeps for Context 10v 2 to allow you to get through the tage.

Congerital Blindness.

25 - 35 yrs of age35 - 45 yrs of age55 - 65 yrs of ageover 65 yrs of ageover 65 yrs of age 9. Are you a member of any advocacy groups?YesNo If so, which gro	$\frac{18-25}{25}$ yrs of age
45 - 55 yrs of age55 - 65 yrs of ageover 65 yrs of age 9. Are you a member of any advocacy groups?YesNo If so, which gro	· · ·
55 - 65 yrs of ageover 65 yrs of age 9. Are you a member of any advocacy groups?YesNo If so, which gro	
over 65 yrs of age 9. Are you a member of any advocacy groups?YesNo If so, which gro	
9. Are you a member of any advocacy groups?YesNo If so, which gro	· •
	over 65 yrs of age
10. How did you hear of this test?	

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Vote-PAD Certification	Tes
EXIT SURVEY	

EXIT SURVEY		Voter num	nber: <u>/ 0 </u>
About the voting experience			
1. Do you feel the Vote-PAD would allow	ved you to vo	te privately?	<u> Yes No</u>
2. Do you feel the Vote-PAD would allow	ved you to vo	te independently? _	<u> </u>
3. How confident are you that your vote w	vas accurately	recorded	
Very Confident Somewhat Confident	Neutral	Somewhat Concerned	Very Concerned (Not at all confident)
4. How easy or difficult was it to vote with	h the Vote-PA	AD	
Very Easy Somewhat Easy	Neutral	Somewhat Difficult	Very Difficult
Have you voted on other accessible vot If "yes",	ing equipmer	at?Yes 🔀 No	0
In general, how would you rate ease-of-use?	the Vote-PAI	D against the other equ	uipment in terms of
Much Easier Somewhat Easier A	About the Same	Somewhat More Difficult	Much More Difficult
6. Any thoughts you would like to share a	bout your ex	perience voting with the	he Vote-PAD?
- LITTLE CUTOUTS MADE - REALLY HALD TO WRI		-	
- MODICITY IMPAILMEN	7 45 N	OF BASIEK.	

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

JUVINILE RHEUMATOID ARTHRITIS SINCE SHE WAS 18 MONTH!

8. What age group are you in?

______18 - 25 yrs of age
______25 - 35 yrs of age
_______35 - 45 yrs of age
_______45 - 55 yrs of age
_______55 - 65 yrs of age
_______over 65 yrs of age
______over 65 yrs of age
______over 65 yrs of age

9. Are you a member of any advocacy groups? _____Yes ____XNo ____Yes, which groups?

10. How did you hear of this test?

Wolfs For Oert. of Rethas.

Vote-PAD	Certification	Test
	COLUMNICH	

EXIT SURVEY	Voter number: <i>[[]</i>
About the voting experience	
1. Do you feel the Vote-PAD would allowed you	to vote privately?YesNo
2. Do you feel the Vote-PAD would allowed you	to vote independently? Yes No
3. How confident are you that your vote was acc	urately recorded
Very Confident Somewhat Confident Neut	ral Somewhat Concerned (Not at all confident)
4. How easy or difficult was it to vote with the V	ote-PAD
Very Easy Somewhat Easy Neutl	ral Somewhat Difficult Very Difficult
 Have you voted on other accessible voting equ If "yes", 	ipment?YesNo
In general, how would you rate the Votease-of-use?	te-PAD against the other equipment in terms of
Much Easier Somewhat Easier About the	Same Somewhat More Much More Difficult Difficult
6. Any thoughts you would like to share about yo	our experience voting with the Vote-PAD?

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Blin 6 5,700 2003 Hearing lose Birth

8.	What age group are you in?
	$\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$
	25 - 35 yrs of age
	35 - 45 yrs of age
	45 - 55 yrs of age
	55 – 65 yrs of age
	over 65 yrs of age
9.	Are you a member of any advocacy groups?YesYesNo If so, which groups?
10.	. How did you hear of this test?
	Stalf informed him.

EXIT SURVEY			Voter nui	mber:
About the voting exper	<u>ience</u>			
1. Do you feel the	Vote-PAD would all	owed you to vot	te privately?	<u> </u>
2. Do you feel the	Vote-PAD would all	owed you to vot	te independently?	YesNo
3. How confident a	are you that your vote	e was accurately		,
Very Confident	Somewhat Confident	Neutral	Somewhat Concerned	Very Concerned (Not at all confident)
	ficult was it to vote v	vith the Vote-PA	AD	
Very Easy	Somewhat Easy	Neutral	Somewhat Difficult	Very Difficult
5. Have you voted If "yes",	on other accessible v	oting equipmen	t?Yes X_N	o
In genera ease-of-u	al, how would you ra use?	te the Vote-PAL	against the other eq	uipment in terms of
Much Easier	Somewhat Easier	About the Same	Somewhat More Difficult	Much More Difficult
6. Any thoughts yo	u would like to share	about your exp	erience voting with t	he Vote-PAD?

IT WAS HELPFUL.

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

YEAR & A HALF.

8. What age group are you in:
18 - 25 yrs of age
<u>y</u> 25 - 35 yrs of age
35 - 45 yrs of age
45 - 55 yrs of age
55 - 65 yrs of age
over 65 yrs of age
9. Are you a member of any advocacy groups?Yes X_No If so, which groups?
10. How did you hear of this test?
THROUGH AIMMEE E.

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EXIT SURVEY	Voter nui	nber:	112
About the voting experience			
1. Do you feel the Vote-PAD would allowed you to vote	privately?	× Yes	No
2. Do you feel the Vote-PAD would allowed you to vote	independently?	×_Yes	N
3. How confident are you that your vote was accurately r	recorded		
Very Confident Somewhat Confident Neutral	Somewhat Concerned	Very Conce (Not at all co	
4. How easy or difficult was it to vote with the Vote-PAI)		
Very Easy Somewhat Easy Neutral	Somewhat Difficult	Very Diffic	:ult
Have you voted on other accessible voting equipment? If "yes",	? <u>×</u> YesN	o	
In general, how would you rate the Vote-PAD ease-of-use?	against the other eq	uipment in t	terms of
Much Easier Somewhat Easier About the Same	Somewhat More Difficult	Much More D	ifficult
6. Any thoughts you would like to share about your exper-	rience voting with	he Vote-PA	D?
my showants were tryin	git out	was	a
For experience for my firs	t time.	I wa	z
kind of confused at 1	Grst, bu	it on	ce
my shoughts were tryin for experience for my firs kind of confused at a I tried it out I enjoy	oyed it.		
About you, the test participant			
7. May I ask you to identify your disability (ies) and how	long you have had	each disabil	litu?
			-
I have a learning di	sability	and	
I have a learning dis	on birth	6	

8.	What age group are you in?
9.	Are you a member of any advocacy groups? YesNo If so, which groups? Proples First of California
10.	How did you hear of this test?
	I heard it through her assistants at
٥	I heard it through her assistants at the Southside Art center, who is
	here today.

Vote-PAD Certification Test **EXIT SURVEY**

EXIT SURVEY	11 1651		Voter nu	mber: <u>//</u>
About the voting experi	ienc <u>e</u>			
1. Do you feel the	Vote-PAD would all	lowed you to vote	e privately?	Yes No
2. Do you feel the	Vote-PAD would all	lowed you to vote	e independently?	✓YesNo
3. How confident a	are you that your vot	e was accurately	recorded	
Very Confident	Somewhat Confident	Neutral	Somewhat Concerned	d Very Concerned (Not at all confident)
4. How easy or dif	ficult was it to vote	with the Vote-PA	.D	
Very Easy	Somewhat Easy	Neutral	Somewhat Difficult	Very Difficult
5. Have you voted If "yes",	on other accessible	voting equipment	i?Yes 🖊	No
In genera ease-of-v	•	ate the Vote-PAD	against the other e	equipment in terms of
Much Easier	Somewhat Easier	About the Same	Somewhat More Difficult	Much More Difficult
6. Any thoughts you the transport very for since conferments.	ou would like to shar slow wo lers to end bease and te mames	re about your exp ould like licate race create i	erience voting with to see Braine Vote Braine Vote Braine Vote Braine Vote a Spreads Position	the Vote-PAD? Ile lasels pert to lad in instruction teet style table ons and race

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Hotally blind from birth

8.	What age group are you in?
	18 - 25 yrs of age
	25 - 35 yrs of age
	35 - 45 yrs of age
	45 - 55 yrs of age
	55-65 yrs of age
	over 65 yrs of age
9.	Are you a member of any advocacy groups?YesNo If so, which groups?
	How did you hear of this test? Contact at EDD

<u>About</u>	t the voting exper	rience			
1.	Do you feel the	Vote-PAD would allow	wed you to vo	te privately?	YesNo
2.	Do you feel the	Vote-PAD would allow	ved you to vo	te independently? _	Yes No
3.	How confident	are you that your vote v	was accurately	recorded	
	Very Confident	Somewhat Confident	Neutral	Somewhat Concerned	Very Concerned (Not at all confident)
4.	How easy or dif	ficult was it to vote wit	h the Vote-PA	A D	
	Very Easy	Somewhat Easy	Neutral	Somewhat Difficult	Very Difficult
5.	Have you voted If "yes",	on other accessible vot	ing equipmen	nt? <u>/</u> YesNo	
	In generated the second	al, how would you rate use?	the Vote-PAI	against the other equ	sipment in terms of
	Much Easier	Somewhat Easier A	About the Same	Somewhat More Difficult	Much More Difficult
6. 4	Any thoughts you Look Completed	ou would like to share a concept, sent of lica ted/conf	bout your exp foo Ame (perience voting with the	ne Vote-PAD? Write-ins are

Voter number: __//3___

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Low vision/legally blind 5/415

8.	What age group are you in?
	18 - 25 yrs of age
	25 - 35 yrs of age
	35 - 45 yrs of age
	45 - 55 yrs of age
	55 - 65 yrs of age
	over 65 yrs of age
9.	Are you a member of any advocacy groups? LyesNo If so, which groups? Mational Federation of the Blind of CA.
	How did you hear of this test? Society for the Blind of NFBC.

EXIT SURVEY	Voter number: <u>115</u>
About the voting experience	
1. Do you feel the Vote-PAD would allowed you to vo	te privately? Yes No
2. Do you feel the Vote-PAD would allowed you to vot	te independently? Yes No
3. How confident are you that your vote was accurately	v recorded
Very Confident Somewhat Confident Neutral	Somewhat Concerned Very Concerned (Not at all confident)
4. How easy or difficult was it to vote with the Vote-PA	AD
Very Easy Somewhat Easy Neutral	Somewhat Difficult Very Difficult
Have you voted on other accessible voting equipmen If "yes",	nt?Yes _X_No
In general, how would you rate the Vote-PAI ease-of-use?	O against the other equipment in terms of
Much Easier Somewhat Easier About the Same	Somewhat More
6. Any thoughts you would like to share about your exp	perience voting with the Vote-PAD?
It was very easy	١ ،

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

I have multiple sclerosis diagnosed since she was 4 and shes 59 now.

8.	What age group are you in?
	18 - 25 yrs of age
	25 - 35 yrs of age
	35 - 45 yrs of age
	45 - 55 yrs of age
	55 - 65 yrs of age
	over 65 yrs of age
	0,01 05 915 01 450
9.	Are you a member of any advocacy groups?YesYesYo If so, which groups?
10	. How did you hear of this test?
10.	. How did you hear of this test:
	Anne Evans informed her.

EXIT SURVEY			Voter nu	mber: _	16
About the voting exper	r <u>ience</u>				
1. Do you feel the	Vote-PAD would allo	wed you to	vote privately?	Yes	No
2. Do you feel the	Vote-PAD would allo	wed you to	vote independently?	Yes	No
3. How confident	are you that your vote	was accurat	ely recorded		
Very Confident	Somewhat Confident	Neutral	Somewhat Concerne	Very Conce (Not at all co	
4. How easy or dif	ficult was it to vote w	ith the Vote-	·PAD		
Very Easy	Somewhat Easy	Neutral	Somewhat Difficult	Very Diffic	eult
5. Have you voted If "yes",	on other accessible vo	oting equipm	nent? X Yes]	No	
In generated ease-of-		e the Vote-P	AD against the other e	equipment in t	terms of
Much Easier	Somewhat Easier	About the San	ne Somewhat More Difficult	Much More D	ifficult
6. Any thoughts yo	ou would like to share	about your e	experience voting with	the Vote-PA	D?
- EASY TO	GET LOST	00 7	HE BALLOT.		
	BETWEEN RAC				
- Monro	LIKE A A	UDIBLE	BOD BOTWE	EEN RA	CES.
- CONCER	NEO ABOUT	FULL	MACK, AND	CONCER	ryed about
WRITE	-105				
About you, the test part) A MAGNIFY, ticipant	ne or	LASS HAPED.		

7. May I ask you to identify your disability (ies) and how long you have had each disability?

PARTIALLY SIGHT, LEGALLY BLIND -> 35+ YEARS

J	18 - 25 yrs of age
	25 - 35 yrs of age
	35 - 45 yrs of age
	<u></u> ✓ 45 - 55 yrs of age
	55 - 65 yrs of age
	over 65 yrs of age
9. Are you a	member of any advocacy groups?YesY_No If so, which group
O. Are you a	member of any advocacy groups?YesY_No If so, which group
·	member of any advocacy groups?YesY_No If so, which group you hear of this test?
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Vote-PAD	Certification	Test
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	_			voter nur	110e1. <u>_1_/</u>
<u>About</u>	the voting expe	<u>rience</u>			
1.	Do you feel the	Vote-PAD would a	llowed you to vo	ote privately?	V _{Yes} N
2.	Do you feel the	Vote-PAD would a	llowed you to vo	te independently?	Yes N
3.	How confident	are you that your vo	ote was accurately	y recorded	
	Very Confident	Somewhat Confident	Neutral	Somewhat Concerned	Very Concerned (Not at all confident)
4.	How easy or di	fficult was it to vote	with the Vote-Pa	AD	
	Very Easy	Somewhat Easy	Neutral	Somewhat Difficult	Very Difficult
5.	Have you voted If "yes",	on other accessible	voting equipmen	nt?YesNe	o
	In gener ease-of-	al, how would you ruse?	rate the Vote-PAI	D against the other eq	uipment in terms of
	Much Easier	Somewhat Easier	About the Same	Somewhat More Difficult	Much More Difficult
6.	Hud in glas	ou would like to sha c & Coold wot	re about your exp with each	perience voting with the	he Vote-PAD? in (undiduks

Voter number: 117

About you, the test participant

7. May I ask you to identify your disability (ies) and how long you have had each disability?

Concer Surviver Limited use of hund & Limited Vision

Gyens Limited use of hunds.

8 years Limited Vision

Does not do well stending in line or writing to long. parking is always a concern at polling places.

8.	What age group are you in?
	$\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$
	25 - 35 yrs of age
	35 - 45 yrs of age
	45 - 55 yrs of age
	55-65 yrs of age
	over 65 yrs of age
9.	Are you a member of any advocacy groups? Yes No If so, which groups? Does a radio show Access Davis "name of show.
10.	How did you hear of this test?
	Through Election Dord. & County.

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EXIT SURVEY	Voter	number: 118
About the voting experience		
 Do you feel the Vote-PAD would allowe Do you feel the Vote-PAD would allowe How confident are you that your vote wa 	d you to vote independently	Yes No ? Yes No - not convenient w/
Very Confident Somewhat Confident	Neutral Somewhat Conce	erned Very Concerned (Not at all confident)
4. How easy or difficult was it to vote with	the Vote-PAD	
Very Easy Somewhat Easy	Neutral Somewhat Diffic	cult Very Difficult
Have you voted on other accessible votin If "yes",	g equipment? XYes _	No
In general, how would you rate the ease-of-use?	e Vote-PAD against the other	er equipment in terms of
Much Easier Somewhat Easier Abo	out the Same Somewhat Mor Difficult	re Much More Difficult
6. Any thoughts you would like to share abo	out your experience voting w	vith the Vote-PAD?
The whole in 4	he plastic	was good
The whole in 4 for filling in the Of the write-i	e bubble.	8. The size
of the write-i	in whole	was too
small and it mi with a ball poi	ght have	been easier
Milk or smoot box	io porto	
About you, the test participant		
7. May I ask you to identify your disability (ies) and how long you have	had each disability?
I have cerel	eral palse	M for 63
years and		J

8. What age group are you in?
18 – 25 yrs of age
25 - 35 yrs of age
35 - 45 yrs of age
<i>,</i>
45 - 55 yrs of age 55 - 65 yrs of age
$\frac{20}{33}$ = 03 yrs of age
over 65 yrs of age
9. Are you a member of any advocacy groups? YesNo If so, which groups?
Californians for Disability Rights
California Disability Community Access
Californians for Disability Rights California Disability Community Access 10. How did you hear of this test? People First Network
Through email from Susan Barshill.

EXI	SURVEY			Voter nun	nber: <u>120</u>
About	the voting expe	<u>rience</u>			
1.	Do you feel the	Vote-PAD would all	lowed you to vo	te privately?	YesX_ No
2.	Do you feel the	Vote-PAD would al	lowed you to vo	te independently?	
3.	How confident	are you that your vot	e was accurately	y recorded	FILL ENTIFE BUBBLE
	Very Confident	Somewhat Confident	Neutral	Somewhat Concerned	Very Concerned (Not at all confident)
4.	How easy or di	fficult was it to vote	with the Vote-Pa	AD	
	Very Easy	Somewhat Easy	Neutral	Somewhat Difficult	Very Difficult
5.	Have you voted If "yes",	d on other accessible	voting equipmer	nt? <u>X</u> YesN	0
	In gener ease-of-	ral, how would you ra -use?	ite the Vote-PAI	D against the other eq	uipment in terms of
	Much Easier	Somewhat Easier	About the Same	Somewhat More Difficult	Much More Difficult
6.	Any thoughts y	ou would like to share	e about your exp	perience voting with the	he Vote-PAD?

About you, the test participant

- PLASTIC MADE

7. May I ask you to identify your disability (ies) and how long you have had each disability?

- NOT ENOUGHE ROOM TO VEITE IN CANDIDATES

IT HARD TO FILL IN ENTIRE BUBBLE.

NO ARMS, NO LEGS. BIRTH.

8.	What ag	e group are you in?
		18 - 25 yrs of age
		25 - 35 yrs of age
		35 - 45 yrs of age
		45 - 55 yrs of age
		55 65 yrs of age
		over 65 yrs of age
9.	Are you	a member of any advocacy groups?YesYesNo _ If so, which groups?
10.	How did	you hear of this test?
	VIA	EMAIL.

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EXIT SURVEY Vo	ter number: <u>121</u>
About the voting experience	
1. Do you feel the Vote-PAD would allowed you to vote privately	?
2. Do you feel the Vote-PAD would allowed you to vote independ	
3. How confident are you that your vote was accurately recorded	Concerned Very Concerned (Not at all confident)
4. How easy or difficult was it to vote with the Vote-PAD	
Very Easy Somewhat Easy Neutral Somewhat	at Difficult Very Difficult
5. Have you voted on other accessible voting equipment? Ve If "yes",	esNo
In general, how would you rate the Vote-PAD against the ease-of-use?	e other equipment in terms of
Much Easier Somewhat Easier About the Same Somewh Diffi	
6. Any thoughts you would like to share about your experience vot Write in box is to small on pad- combessine for mont blind folks.	ting with the Vote-PAD?
of Tone index on tape for each run makes it easy to fast forward or Rewin	ce. ne.
Bullot does not merk # of Race. * Tupe does not tell you what race over a Tupe Slow & tiddies- About you, the test participant	ull youare on.
7. May I ask you to identify your disability (ies) and how long you	have had each disability?
Blindness for 40 yrs.	

8.	What age group are you in?
	18 – 25 yrs of age
	25 - 35 yrs of age
	35 - 45 yrs of age
	45 - 55 yrs of age
	55 - 65 yrs of age
	over 65 vrs of age

- 9. Are you a member of any advocacy groups? Yes ____ No If so, which groups? Cult. Countil at the blind
- 10. How did you hear of this test?

Work for Dept of Rehal. Dept potification **Vote-PAD Certification Test**

EXIT SURVEY

Voter number: <u>129</u>

<u>About</u>	the voting experience		
1.	Do you feel the Vote-PAD would allowed you to vote privately?	Yes	No 🖊
2.	Do you feel the Vote-PAD would allowed you to vote privately? Do you feel the Vote-PAD would allowed you to vote independently?	Yes	No
3.	How confident are you that your vote was accurately recorded	_	
	Very Confident Somewhat Confident Neutral Somewhat Concerned Intentionally left Marks which would have to be resolved.	Very Concern (Not at all cont	
4.	How easy or difficult was it to vote with the Vote-PAD		
	Very Easy Somewhat Easy Neutral Somewhat Difficult	Very Difficul	t
5.	Have you voted on other accessible voting equipment? Yes If "yes", #NRT Die hal Segrow Huldrunk Hunton	No ·	
	In general, how would you rate the Vote-PAD against the other e ease-of-use?	quipment in te	rms of
	Much Easier Somewhat Easier About the Same Somewhat More	Much More Diffi	icult
	Some Stuff earer Some stuff Hard loes Not	like the w	uiterie Sta
6.	Any thoughts you would like to share about your experience voting with	the Vote-PAD	?
	This is much more pollworker depend	lant.	
	People can be disontunchised by p	eor pol	notra
	training, more so then with of	her Sysi	teur
	I've seen. The pad does not		
,	It's like atoy - I would feel veluctions	+ + has	G
	you, the test participant Visually infriend les,		· _
	May I ask you to identify your disability (ies) and how long you have had		y?
	C G-C 6 Traumatic Anadropologic. 35 years	-	

	what age group are you in?	
	18-25 yrs of age	
	25 - 35 yrs of age	
	35 - 45 yrs of age	
	45 - 55 yrs of age	
	55-65 yrs of age	
	over 65 yrs of age	
9.	Are you a member of any advocacy groups? Yes No If so, which groups? No formal membership but works with severa L	Maybe -

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